MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08173

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 1 yr. 3 months & 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1113 Jordan St.

3. NAME OF DECEASED (Type or Print) (First) Vernon (Middle) Thomas (Last) Allen
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 1, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Vernon Thomas Allen
14. MOTHER'S MAIDEN NAME Eva Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443	Immediate cause	(a) Cerebro-Vascular Accidents	?
30f	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	?
		(c) Generalized Arterio-sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Syphilis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1948 to Aug. 19, 1949 that I last saw the deceased alive on Aug. 19, 1949, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED 8/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/49
NAME OF CEMETERY OR CREMATORY Mt. Auburn Ave.
LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REG. 8-19-49
REGISTRAR'S SIGNATURE John A. Cochran Dep Local Reg.
24. FUNERAL DIRECTOR Chas G Corfer ADDRESS 512 Eastwellen Av.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08174

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 West Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 103 WestbPotomac Street

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Elizabeth (Last) Ardinger

4. DATE OF DEATH (Month) August (Day) 21, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept.26,1881
9. AGE last birthday 67 yrs. If under 1 year Months 10 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Garrish
14. MOTHER'S MAIDEN NAME Georgetta Ardinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Dennis Zellers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
570.5	Immediate cause	(a) Intestinal obstruction	3 days
122b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital adhesions	—
		(c) Marked arteriosclerosis	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 6 30 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug.24,1949
NAME OF CEMETERY OR CREMATORY Riverview Cem.
LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. Aug 24-49
REGISTRAR'S SIGNATURE E Lee M Elroy
24. FUNERAL DIRECTOR Edith V. Leaf; ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08175

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M — The correct age

I — MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 West Side Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 207 West Side Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. Ella	May	Bennett	August	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Widowed	Aug 16 1863	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Summit Point W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Pope	Elizabeth Mercer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None.	Mrs Charles Schlotterbeck.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Occlusion	2 hours
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
		(c) Cerebral Hemorrhage	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 1939, 19..., to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Hemmeway	M.D.	Williamsport Md.	Aug. 14, 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/16/49.	Edge Hill Cemetery	Charles Town Jefferson Co W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16. 1949	Elsie M. Bowers	Andrew K. Coffman,	Hagerstown Md.

RECEIVED
AUG 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08176

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Penna — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) Elizabeth (Last) Brewer

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 16 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months —, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mercersburg Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David S Long Mercersburg Pa

14. MOTHER'S MAIDEN NAME: Emma Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mary E Brewer Mercbg Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8/28/49

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis Chr. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1949, to 8/30, 1949, that I last saw the deceased alive on 8/29, 1949, and that death occurred at 2:35A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. L. Porterfield M.D. — 136 W Washington St — 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept 1-49 | NAME OF CEMETERY OR CREMATORY: Fair View | LOCATION (City, town, or county) (State): Mercersburg Pa.

DATE REC'D BY LOCAL REG.: Aug 30. 1949 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: D. J. Stringer & Son Mercersburg Pa.

VS. A15

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08177

Dr. Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg R # 2; STREET ADDRESS (If rural, give location) Beaver Creek Road

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) CLAYTON (Last) BOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) Aug 23 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 6 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Mt. Lena Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: David Bowman

14. MOTHER'S MAIDEN NAME: Louise Faulder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish Amer War

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sharon W. Bowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 days

131b Antecedent cause(s). Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio sclerosis — uncertain

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — uncertain

19a. DATE OF OPERATION: Non

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Aug, 1949, to 23 Aug, 1949, that I last saw the deceased alive on 23 Aug, 1949, and that death occurred at 1 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): F F Lusby, M.D. ADDRESS: 230 N Potomac DATE SIGNED: 24 Aug 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/25/49 — NAME OF CEMETERY OR CREMATORY: United Brethren Cemetery — LOCATION (City, town, or county) (State): Mt. Lena Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug 25, 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
AUG 29 1949
BUREAU V. S.

08178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memo. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) ~~Garlock Home~~ 822 Forrest Drive

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) Bell (Last) Brumback
4. DATE OF DEATH (Month) Aug. (Day) 29, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7-19-1867
9. AGE last birthday 82 yrs. If under 1 year Months 1 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Alexander H. Keyser
14. MOTHER'S MAIDEN NAME Belle Kite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Dr. Lynn Brumback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Terminal Broncho-pneumonia — 3 days

Antecedent cause(s) 107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio sclerosis — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1928, to 29 Aug, 1949, that I last saw the deceased alive on 29 Aug, 1949, and that death occurred at 12 25 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F F Lusby ADDRESS 230 N Potomac DATE SIGNED 29 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-31-49
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) Luray (State) Virginia

DATE REC'D BY LOCAL REG. Aug. 29. 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

Dr. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH

Dr Ditto 08179

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D.5
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cavetown Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.F.D.5
STREET ADDRESS (If rural, give location): Security Road

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Lee (Last) Butts

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/29/36

9. AGE last birthday: 12 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): In School

10b. KIND OF BUSINESS OR INDUSTRY: &

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Butts

14. MOTHER'S MAIDEN NAME: Mary Rohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Mary R. Butts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 **Immediate cause** (a) Fracture Skull — Instant death

170 C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Public highway | (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md

TIME OF INJURY (Month) Aug. (Day) 19 (Year) 49 (Hour) 8 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? struck by auto while walking along road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Dr D.W. Ditto acting coroner — Hagerstown Md — 8/24/49

23. BURIAL, CREMATION REMOVAL, (Specify): Burial | DATE THEREOF: 8/22/49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REG.: Aug. 22 1949 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR | ADDRESS: Andrew K. Coffman. Hagerstown, Md.

VS. A15A

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08180

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ~~Baby Girl~~ Constance Lee (Middle) (Last) Coleman

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-14-49

9. AGE last birthday: yrs. | If under 1 year: Months. 5 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Premature Baby

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Coleman

14. MOTHER'S MAIDEN NAME: Flora Rhodes Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: W. E. Maynard Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset and Death: 5 days.

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c) None.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 19 49, to 8-19, 19 49, that I last saw the deceased alive on 8-19, 19 49, and that death occurred at 5 32 P. m., from the causes and on the date stated above.

SIGNATURE: S Maynard Sullivan (Degree or title) M.D. ADDRESS 318 N. Potomac ST Hagerstown, Md. DATE SIGNED 8-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 8/20/49 | NAME OF CEMETERY OR CREMATORY: Bethel Church Cemetery | LOCATION (City, town, or county): Cascade (State): Md

DATE REC'D BY LOCAL REG. Aug. 20. 1949 | REGISTRAR'S SIGNATURE: Robert H Bowers | 24. FUNERAL DIRECTOR: Walter Y Gruve ADDRESS

RECEIVED
AUG 23 1949
BUREAU V. S.

08181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brownsville Rural
LENGTH OF STAY (in this place): 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brownsville 'Rural'
STREET ADDRESS (If rural, give location): Brownsville Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Lena May Campbell
4. DATE OF DEATH (Month) (Day) (Year): August - 26 - 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 13, 1887
9. AGE last birthday: 61-9-13 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Trego Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Mullendore
14. MOTHER'S MAIDEN NAME: Alice Gouff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Mrs. Wilmer Jennings Brownsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cerebral hemorrhage — 8 hours

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular renal disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1949, to Aug 26, 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry Aldis M.D. — ADDRESS: Shepherdstown W.Va. — DATE SIGNED: Aug 26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 28. 1949 — NAME OF CEMETERY OR CREMATORY: Brownsville Episcopal Cemetery — LOCATION (City, town, or county) (State): Brownsville Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug 27 1949 — REGISTRAR'S SIGNATURE: Cornelius W. Castle
24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md.

Dr. Aldis

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1949
BUREAU V. S.

08182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 39 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 312 E. Franklin St.

3. NAME OF DECEASED (Type or Print) (First) Marshall (Middle) Allen (Last) Carpenter
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/17/1893
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Beer Distributors
11. BIRTHPLACE (State or foreign country) Berryville Virgina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Melvin Carpenter
14. MOTHER'S MAIDEN NAME Katherine Diffendaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-3383
17. INFORMANT Mrs. Grace Carpenter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1948, to Aug 15, 1949, that I last saw the deceased ~~alive on~~ died Aug 15, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Dr E W Detto Jr (Degree or title) acting coroner ADDRESS Hagerstown Md DATE SIGNED Aug 15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/17/49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug. 16. 1949
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W.T. Norment ADDRESS Hagerstown, Md.

RECEIVED
AUG 18 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08183

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 5 months 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
STREET ADDRESS (If rural, give location) C/O Post Office

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	Thomas	Carter	Aug.	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 20, 1879	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	unknown	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I. T. Carter	Charlotte Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	Unknown	Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	30 min
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis - Senile	?
	(c) Right hemiplegia	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar. 21, 1949, to Aug. 15, 1949, that I last saw the deceased alive on Aug. 15, 1949, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai Daniel Lai	M.D.	Ritchie Hospital	Aug. 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-17-49	DRUID RIDGE CEMETERY	PIKESVILLE, MD.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/49	D.W. Hedrick	WM. J. TICKNER & SONS	BALTO., MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08184

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 116 South Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
STREET ADDRESS (If rural, give location): 116 South Artizan St.

3. NAME OF DECEASED (Type or Print): (First) Beaulah (Middle) Elizabeth (Last) Chaney
4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 24, 1899
9. AGE last birthday: 50 yrs. — If under 1 year: Months 5, Days 2 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph M. Nave
14. MOTHER'S MAIDEN NAME: Laura Shank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. William Chaney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Carcinoma Breast c̄ metastasis — 1 year

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/49, 19....., to 8/26/49, 19....., that I last saw the deceased alive on 8/26/49, 19....., and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE: C F Young — (Degree or title): M. D. — ADDRESS: Williamsport Md — DATE SIGNED: 8/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/28/49 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Williamsport, Maryland

DATE REC'D BY LOCAL REG.: 8/27/49 — REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR: Edith V. Leaf ; Williamsport, Md. — ADDRESS

RECEIVED
AUG 30 1949
BUREAU V. S.

08185

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 358 So. Cannon Ave

3. NAME OF DECEASED (Type or Print) (First) Mrs Ada (Middle) May (Last) Cooper

4. DATE OF DEATH (Month) Aug 14 (Day) 1949 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 1 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Mt. Lena Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Easterday
14. MOTHER'S MAIDEN NAME Viola Masters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO.
17. INFORMANT Theadore Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

171 Immediate cause (a) Generalized Carcinomatosis

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cervix (primary)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1949, to 8/14/, 1949, that I last saw the deceased alive on 8/14/, 1949, and that death occurred at 3 35 p. m., from the causes and on the date stated above.

SIGNATURE John A. Moran M.D. (Degree or title) ADDRESS 215 W. Washington St. Hagerstown Md. DATE SIGNED 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/17/49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Aug. 17, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

08186

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Tilghmanton	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Lee	(Last) Davis	4. DATE OF DEATH	(Month) Aug.	(Day) 15	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower	8. DATE OF BIRTH: 2-2-1866	9. AGE last birthday: 83 yrs.	If under 1 year: Months 6	Days 13	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Elias Davis	14. MOTHER'S MAIDEN NAME: Melinda Kitzmiller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Mrs. Florence Carter					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442	Immediate cause	(a) Uremia	2 months
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio - Vascular - Renal disease	5 yrs +
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Shealy	M.D.	Sharpsburg, Md.	Aug. 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/19/49	NAME OF CEMETERY OR CREMATORY: Manor Cemetery	LOCATION (City, town, or county): Tilghmanton	(State): Md.
DATE REC'D BY LOCAL REG.: Aug. 18. 1949	REGISTRAR'S SIGNATURE: John H. Bast	24. FUNERAL DIRECTOR: C.M. SUTER & SONS	ADDRESS: Hagerstown Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 121 AUG 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08187

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural, give location): 22½ Summit Avenue

3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) Floyd	(Last) Dayhoff	4. DATE OF DEATH	(Month) Aug.	(Day) 9	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 8-15-~~49~~ 1904	9. AGE last birthday: 44 yrs.	If under 1 year: Months 11	Days 24	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman	10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.	11. BIRTHPLACE (State or foreign country): Cavetown, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Benjamin F. Dayhoff, Sr.	14. MOTHER'S MAIDEN NAME: E. Pearl Lumm						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): 1922-24	16. SOCIAL SECURITY NO.: 705-10-5190	17. INFORMANT: Mrs. Katherine Malamphy					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid hemorrhage — 13 days

330

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1949, to 9 Aug, 1949, that I last saw the deceased alive on 9 Aug, 1949, and that death occurred at 6.15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin H. Wachtel	M D	Hagerstown Md	8/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8-13-49	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Aug. 12, 1949	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Zimmerman 08188

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 2
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layman Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hagerstown COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1717 Virginia Ave

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) FLORENCE (Last) EMMERT

4. DATE OF DEATH (Month) (Day) (Year) August 7 1949 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7/11/70
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. SA

13. FATHER'S NAME Isaiah Sheeley
14. MOTHER'S MAIDEN NAME Mary J. Kinsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Ella Renner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	8 hours
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949 and that death occurred at 7 30 P.m., from the causes and on the date stated above. 8/8/49

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Williamsport Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/10/49
NAME OF CEMETERY OR CREMATORY Rest Haven cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Aug. 10, 1949
REGISTRAR'S SIGNATURE [signature] Deputy
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 13 1949
BUREAU V. S.

08193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville (Rural)
STREET ADDRESS (If rural give location) Wolfsville

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) Rebecca (Last) Frey
4. DATE OF DEATH (Month) Aug (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-20-1876
9. AGE last birthday 73 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wolfsville, Fred. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rooklyn Blickenstaff
14. MOTHER'S MAIDEN NAME Ida Shuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT Emory Frey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	1 yr+
Antecedent cause(s)	(b) Abdominal Carcinomatosis (?)	6 mo+
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

199.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1949 to Aug 12, 1949 that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE Richard V. Hauver (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/15/49
NAME OF CEMETERY OR CREMATORY United Brethren
LOCATION (City, town, or county) Wolfsville (State) Md

DATE REC'D BY LOCAL REG. Aug. 16, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Paul F. Bittle ADDRESS Myersville Md.

Rec'd from Dr. Edgar V. Bittle Loc Reg at Myersville Md

Permit to Paul Bittle Myersville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1949
BUREAU V. S.

08189

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (In this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Memorial Home	STREET ADDRESS (If rural, give location): 241 South Prospect Street

3. NAME OF DECEASED (Type or Print)	(First) Augusta	(Middle) V.	(Last) Gaul	4. DATE OF DEATH	(Month) Aug. (Day) 17 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 7-23-1869	9. AGE last birthday: 80 yrs.	If under 1 year: Months 0, Days 25; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): London, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: George E. Gaul	14. MOTHER'S MAIDEN NAME: Catherine A. Curtin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Mrs. Sophie E. Keadle			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Uremia	3 days
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	2 mo
	(c) Arteriosclerotic Heart Disease	3 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1946, to 8-18, 1949, that I last saw the deceased alive on 8/18, 1949, and that death occurred at 9 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John St Hornbaker	M.D.	154 W. Washington St. Hagerstown, Md	8/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8-20-49	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Aug. 19. 1949	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: C. M. Suter & S	ADDRESS: Suter & Sons, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 21 1949
BUREAU V. S.

- 95 -

MARYLAND STATE DEPARTMENT OF HEALTH

08190

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring | LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ClearSpring
STREET ADDRESS (If rural, give location) Williamsport Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) Gehr

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug.1,1919

9. AGE last birthday: 30 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: William Russell Gehr

14. MOTHER'S MAIDEN NAME: Laura E. Shupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Marguerite A. Gehr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 Immediate cause (a) Suicide by hanging — Interval between onset and death: 2

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / ~~HOMICIDE~~ (Specify) Hanging | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm | (CITY OR TOWN) Clearspring (COUNTY) Wash (STATE) Md

TIME OF INJURY (Month) Aug (Day) 16 (Year) 49 (Hour) 6 A.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Hanging by rope

22. I hereby certify that I attended the deceased from Aug 16, 19 49, to Aug 16, 19 49, that I last saw the deceased alive on Aug 16, 19 49, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Dr. E W Leitz Jr Coroner — Hagerstown Md — 8/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 18, 1949 | NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery | LOCATION (City, town, or county) (State): Clear Spring Maryland

DATE REC'D BY LOCAL REG.: Aug 14/49 | REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR: Adrian H. Rowland | ADDRESS: Clear Spring Md.

VS. A15

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SEP 5 1939
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08191

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25½ West Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 25½ West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) (Last) Gillan

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 29-1860

9. AGE last birthday: 88 yrs. If under 1 year: Months 11 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Brendle

14. MOTHER'S MAIDEN NAME: Elizabeth Cowton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: Elizabeth Gillan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Aug 26, 1949

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured L Hip Fall — never like to walk since. — Oct. 10, 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — 10 yrs +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 10 (Day) 10 (Year) 41 (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell in home.

22. I hereby certify that I attended the deceased from Aug. 26, 1949, to Aug. 29, 1949, that I last saw the deceased alive on Aug. 28, 1949, and that death occurred at 2:45 a.m., Aug. 29, 1949, from the causes and on the date stated above.

SIGNATURE W. Howard Yeager (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED Aug. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-31-49 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG. Aug. 31, 1949 REGISTRAR'S SIGNATURE Elliott Hoover

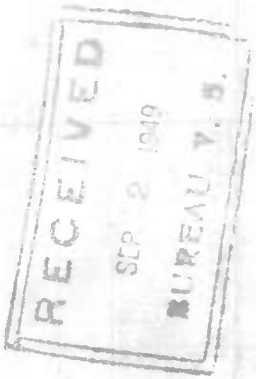
24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Yeager



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08192

CERTIFICATE OF DEATH

Reg. Dist. No. ~~210~~ 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 5+ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pitcher Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Gourley

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 3 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Waldon

14. MOTHER'S MAIDEN NAME: Walden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Arteriosclerosis and senility — Unknown

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1949, to Aug 11, 1949, that I last saw the deceased alive on Aug 10, 1949, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas M. Arrington M.D. — Pitcher Hospital, Cascade, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/13/49 | NAME OF CEMETERY OR CREMATORY: Potomac Church Cemetery | LOCATION (City, town, or county): Potomac | (State): Maryland

DATE REC'D BY LOCAL REG. 8-12-49 | REGISTRAR'S SIGNATURE: W E Jobes — John R. Cochran

24. FUNERAL DIRECTOR: Robert A. Humphrey | ADDRESS: Bethesda, Md.

RECEIVED
AUG 15 1949
BUREAU V. S.

08194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) Elias (Last) Grove
4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 20, 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sharpburg, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Otho Grove
14. MOTHER'S MAIDEN NAME Ella Swain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Abbie Grove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive coronary thrombosis	14 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery sclerosis	3 years
	(c) Generalized arteriosclerosis	3 yrs. plus

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19 8/11/49, to ....., 19....., that I last saw the deceased alive on Aug 11, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Walter G. Sheaby Jr. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED 8/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 14, 1949
NAME OF CEMETERY OR CREMATORY Mt. View
LOCATION (City, town, or county) Sharpsburg, Md (State)
DATE REC'D BY LOCAL REG. Aug 12 49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

08195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clinton (Middle) H. (Last) Gsell

4. DATE OF DEATH (Month) (Day) (Year) August 14 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct. 16, 1881

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David H. Gsell

14. MOTHER'S MAIDEN NAME Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Fannie May Parmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Cardio-Vascular Disease	3 yrs
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) To Grippe	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE F. W. Detty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE August 16 1949

NAME OF CEMETERY OR CREMATORY Mennonite Cemetery

LOCATION (City, town, or county) (State) Clear Spring Maryland

DATE REC'D BY LOCAL REG. Aug. 16 1949

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

08196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Kay (Last) Harbaugh
4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1949
5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Feb. 5 1949
9. AGE last birthday yrs. If under 1 year Months 6 Days 0 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waynesboro Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Calvin L. Harbaugh
14. MOTHER'S MAIDEN NAME Mary Mc. Cleaf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Calvin Harbaugh Blue Ridge Summit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

343 Immediate cause (a) Encephalitis (type undetermined) — INTERVAL BETWEEN ONSET AND DEATH: July 30, 1949

80b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — To Aug. 5, 1949

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1949, to Aug 5, 1949, that I last saw the deceased alive on Aug 3, 1949, and that death occurred at 12:15 a m., from the causes and on the date stated above.

SIGNATURE Pompeia Dmanlig (Degree or title) M.D. ADDRESS Washington County Hospital DATE SIGNED Aug 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/7/49
NAME OF CEMETERY OR CREMATORY Fairfield
LOCATION (City, town, or county) Fairfield, Adams Co. (State) Pa.
DATE REC'D BY LOCAL REG. Aug. 5, 1949
REGISTRAR'S SIGNATURE Chas H Hoover
24. FUNERAL DIRECTOR Walter Y. Grove ADDRESS 27 S. Church St. Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08197

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) Jane (Last) Hartnett

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1912

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lyman B. Angle

14. MOTHER'S MAIDEN NAME: Lelah Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lawrence J. Hartnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0 Immediate cause (a) Leukemia, Lymphogenous — Interval Between Onset and Death: 11 months

74a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 19 48, to August, 19 49, that I last saw the deceased alive on August 22, 1949, and that death occurred at 9:35 P m., from the causes and on the date stated above.

SIGNATURE & (Degree or title) ADDRESS DATE SIGNED

Dan'l M. Welty M.D. Hagerstown, Md. 8/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/25/49

NAME OF CEMETERY OR CREMATORY: West Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug 24, 1949

REGISTRAR'S SIGNATURE: Chas. H. Howard

24. FUNERAL DIRECTOR: F. W. Kraiss ADDRESS: Hagerstown, Maryland

VS, A15

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AUG-26 1949
BUREAU V. S.

998

~~Birth~~ Death 48198

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County Washington
   City or town Hagerstown
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution: Washington County Hospital
   Length of mother's stay in County 8 1/2 months
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State Maryland
   County Washington
   City or town Hagerstown
   (If outside city or town limits, write RURAL and give nearest town)
   Street No. RR #5
   (If RURAL give LOCATION)

3. Name of child Deryl Marvin Hatfield
4. Date of birth August 30, 1949 Hour 9:46 A.M. DST
5. Sex Male
6. Twin or triplet
7. No. of weeks pregnancy 40 Weeks

FATHER OF CHILD

8. Full name Marvin Ellsworth Hatfield
9. Color White 10. Age at time of this birth 21 yrs.
11. Usual occupation Truck driver

MOTHER OF CHILD

12. Full maiden name Evelyn Alaine Klinc
13. Color White 14. Age at time of this birth 20 yrs.
15. Usual occupation House wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
    (b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No
18. Pregnancy, complications of None
19. Labor: (a) Complications of None.
    (b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
    (b) State all operations, if any None.
    (c) Did child die before operation? —
    During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
    (a) Fetal causes Atelectasis
    (b) Maternal causes None
    762.0

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
    161a
    Signature Elder D. H. Woodland Min
    (Specify if M. D., midwife, or other)
    Address Hagerstown Md.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 8/31/49 (month) (day) (year)
    (c) Cemetery or crematory Wolfesville Md.
24. (a) Funeral director Andrew K. Coffman
    (b) Address Hagerstown Maryland

25. (a) Aug. 31, 1949 (Date rec'd by registrar) (b) Elsie H. Bowers (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
    ..... Health Officer, per .....

V. S. A10

* See Instruction C on stub.

M C T

Child lived 1 hr. 24 min.

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SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08199

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (In this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In Auto near Park Lane and The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) 151 N. Artizan St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Franklin Hetzer

4. DATE OF DEATH (Month) (Day) (Year) Aug. 21 1949 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 27 1886
9. AGE last birthday 63 yrs. If under 1 year Months 2 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseryman
10b. KIND OF BUSINESS OR INDUSTRY Hagerstown Nursery Co Inc.
11. BIRTHPLACE (State or foreign country) Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME George Franklin Hetzer
14. MOTHER'S MAIDEN NAME Mary Elizabeth Woltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John Hetzer Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	10 minutes
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1949, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 1 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. F W Dittle Jr. Acting Coroner Hagerstown Md 8/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 24 1949
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REG. Aug. 23, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Mrs. Edith V. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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RECEIVED
AUG 25 1949
BUREAU T. S.

08200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: #01 Hagerstown
STREET ADDRESS (If rural, give location): 1101 Hamilton Blvd

3. NAME OF DECEASED (Type or Print) (First) Dollie (Middle) M. (Last) Horst

4. DATE OF DEATH (Month) Aug. (Day) 17 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15-1887
9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeramiah Barncard
14. MOTHER'S MAIDEN NAME: First Name not known Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: A. M. Horst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage — 8/7/49

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio-sclerosis — 3 years

(c) Terminal broncho-pneumonia — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 7, 1949, to August 17, 1949, that I last saw the deceased alive on August 17, 1949, and that death occurred at 1:15 pm m., from the causes and on the date stated above.

SIGNATURE: B Norment M.D. (Degree or title) ADDRESS: 119 E Antietam St Hagerstown, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 19th 1949
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Aug-18-49
REGISTRAR'S SIGNATURE: E Lee McElroy
24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel ADDRESS

Mrs. McElroy

08201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena Rural
LENGTH OF STAY (in this place) 30 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro R. 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena. Rural.
STREET ADDRESS (If rural, give location) Boonsboro R. 2.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Fay (Last) Houpt.
4. DATE OF DEATH (Month) August (Day) 26. (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH January-1-1882
9. AGE last birthday 67-7-25 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) near Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otho Ituyre
14. MOTHER'S MAIDEN NAME Mary. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Geo. E. Houpt. Boonsboro Md. R. 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 49, 19....., to Aug 26, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE G. W. LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 8/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 29. 1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG. Aug. 28. 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

On Lefan

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08202

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 542 SALEM AVE.

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) E. (Last) KEEFER
4. DATE OF DEATH (Month) Aug. (Day) 28, (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER
8. DATE OF BIRTH JAN. 11, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) MERCERSBURG, PA. R.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ABRAHAM KEEFER
14. MOTHER'S MAIDEN NAME SARAH PECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 214-09-9348
17. INFORMANT Mrs Cora Bowers, Mercersburg Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.5 Immediate cause (a) Fractured Skull

Antecedent cause(s)

169 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Femur

(c)

INTERVAL BETWEEN ONSET AND DEATH: 46 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 28 - 49 12 30 P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Walked into side of moving R.R. engine

22. I hereby certify that I attended the deceased from Aug 28, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at 1:26 P.M., from the causes and on the date stated above.

SIGNATURE Dr. W. Little (Degree or title) ADDRESS Hagerstown Md DATE SIGNED Aug 28-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 8/31/49
NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.
LOCATION (City, town, or county) MERCERSBURG, PA. (State)

DATE REC'D BY LOCAL REG. Aug 29 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR F. M. Lininger, ADDRESS Mercersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

96

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118203

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Clearspring | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring, Md. RFD#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Clearspring
STREET ADDRESS (If rural, give location) Clearspring, Md. RFD# 2

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Herman (Last) Kisner
4. DATE OF DEATH: (Month) August (Day) 16, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4, 1884
9. AGE last birthday: 65 yrs. | If under 1 year: Months 6 | Days 12 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman
10b. KIND OF BUSINESS OR INDUSTRY: Cutting Timber
11. BIRTHPLACE (State or foreign country): Clearspring, Md RFD#2
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Kisner
14. MOTHER'S MAIDEN NAME: Annie May Forsythe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Charles B. Kisner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Possibly Coronary Occlusion)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Dr. Swartz & Colony — Hagerstown Md — 8/16/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/19/49 | NAME OF CEMETERY OR CREMATORY Blairs Valley | LOCATION (City, town, or county) (State) Near Clearspring, Md.

DATE REC'D BY LOCAL REG. Aug 19/49 | REGISTRAR'S SIGNATURE Joseph W. Murray Jr.
24. FUNERAL DIRECTOR Edith V. Leaf | ADDRESS Williamsport, Md.

VS. A15

RECEIVED
SEP 5 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 121 SEP -9 1949

08204

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 803 Salem Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 803 Salem Ave.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Virginia (Last) Lum

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-19-1880
9. AGE last birthday 68 ~~69~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Lum
14. MOTHER'S MAIDEN NAME Sarah E. Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -------
17. INFORMANT Sarah E. Lum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 15 mo.

170
50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 5:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. E W Detto Jr. Hagerstown Md 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 31, 1949
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. Aug. 31, 1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 1949
BUREAU Y. S.

08205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) Cascade
OR TOWN
LENGTH OF STAY (In this place) 2 months, 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore
OR TOWN
STREET ADDRESS (If rural, give location) 1024 Leadenhall St.

3. NAME OF DECEASED (Type or Print): (First) Clifton (Middle) (Last) Mack
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 1, 1915
9. AGE last birthday: 33 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Un-employed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John Clifton Mack
14. MOTHER'S MAIDEN NAME: Allena Nancy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown 215-16-1230
17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic Valvular Disease - Decompensation — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Syphilitic Aortic Disease — ?

(c)

414
30d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1949, to Aug. 22, 1949, that I last saw the deceased alive on Aug. 22, 1949 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED Aug. 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Aug 25 1949 — NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemty — LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 8/24/49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W. B. SPRIGGS — ADDRESS 1390 W. Lanvale Street - 1390 W. Hamlay St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

98

08206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Pauls
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring Md. RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring Md. RFD #1
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Emmett (Last) Martin

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH Jan. 4 1867

9. AGE last birthday 82 yrs. If under 1 year Months 7 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Tannery

11. BIRTHPLACE (State or foreign country) Washington County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David E Martin

14. MOTHER'S MAIDEN NAME Isabelle Mouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Tilghman Suffecool

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Chr. Myocardial Sclerosis	2 yrs.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	5 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED Sept. 1, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 1 1949

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) Clearspring RFD (State) Md.

DATE REC'D BY LOCAL REG. ~~Aug 31~~ Sept 1/49

REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR Mrs. Edith V Leaf ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1949
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08217

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 5½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural, give location) 520 Maple Avenue. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Viola	J.	Miller	August 11 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	June 18, 1868	81-1-23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife.	Own Home	Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Stoner	Elizabeth Trittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		None.	Mrs. Paul H. Weagley Waynesboro Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
447 Immediate cause	(a) Uraemia	3 days
Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	4 mos.
	(c) General Arterio Sclerosis	4 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 6, 1949, to Aug. 11, 1949, that I last saw the deceased alive on Aug. 11, 1949, and that death occurred at 11-40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert Mader	M. D.	Boonsboro, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 15. 1949	Green Hill Cemetery	Waynesboro	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 13, 1949	John D. Bard	Walter Y. Horst	Waynesboro, Pa

RECEIVED
AUG 15 1949
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08208

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Harpers Ferry
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) Cinda (Last) Mills TWIN #2

4. DATE OF DEATH (Month) August (Day) 21, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 4, 1949
9. AGE last birthday 0 yrs. If under 1 year Months 0 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles William Mills
14. MOTHER'S MAIDEN NAME Mary Mildred Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Charles Wm. Mills R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1949, to Aug 11, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE G W Lewis (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 8/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/22/49
NAME OF CEMETERY OR CREMATORY Brownsville Cemetery
LOCATION (City, town, or county) (State) Brownsville, Maryland

DATE REC'D BY LOCAL REG. Aug. 22, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Melvin T. Strider ADDRESS Charles Town West Va.

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08209

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Children's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Harpers Ferry; STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print): (First) Stella (Middle) Linda (Last) Mills Twin #1

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 4, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 23, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington Co, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles William Mills

14. MOTHER'S MAIDEN NAME: Mary Mildred Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Charles Wm. Mills, R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 23 days.

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1949, to 8-27, 1949, that I last saw the deceased alive on 8-24, 1949, and that death occurred at 3:20 A. m., from the causes and on the date stated above.

SIGNATURE S. Margaret Sullivan (Degree or title) M.D. ADDRESS 318 N. Potomac St DATE SIGNED 8-27-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/27/49

NAME OF CEMETERY OR CREMATORY: Brownsville Cemetery

LOCATION (City, town, or county) (State): Brownsville, Maryland

DATE REC'D BY LOCAL REG. Aug 27, 1949

REGISTRAR'S SIGNATURE Blanche H. Bowers

24. FUNERAL DIRECTOR: Melvin T. Shirer ADDRESS: Charles Town, West Virginia

RECEIVED
AUG 30 1949
BUREAU T. S.

08210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. R. (Last) Miner

4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH Oct. 13, 1872
9. AGE last birthday 76 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Near Leitersburg
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Samuel Miner
14. MOTHER'S MAIDEN NAME Clara Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Cora Brown Leitersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) —

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-15, 1949, to 8-17, 1949, that I last saw the deceased alive on 8-16-49, 19..., and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. W. Friedeman ADDRESS Waynesboro Pa DATE SIGNED 8-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/20/49
NAME OF CEMETERY OR CREMATORY Leitersburg Luthern
LOCATION (City, town, or county) Leitersburg (State) Md.

DATE REC'D BY LOCAL REG. Aug 18-49
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Walter Y Grove ADDRESS Waynesboro Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08211

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANCOCK; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILHELMINA (Middle) ROSE (Last) MURRAY

4. DATE OF DEATH: (Month) AUGUST (Day) 25 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT 23, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME DUTIES

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR. MARVIN MURRAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 10 minutes

94a **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to ths death but not related to the disease or condition causing death. Cholecystitis - Cholelithiasis — 2 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 20, 1949, to August 25, 1949, that I last saw the deceased alive on August 24, 1949, and that death occurred at 12 00 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. ADDRESS Hagerstown, Md. DATE SIGNED Aug 26, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 8-28-1949 — NAME OF CEMETERY OR CREMATORY: ST. THOMAS EPISCOPAL — LOCATION (City, town, or county) (State): HANCOCK? MARYLAND

DATE REC'D BY LOCAL REG. Aug. 27, 1949 — REGISTRAR'S SIGNATURE Chas. H. Rowland

24. FUNERAL DIRECTOR: ADRIAN H. ROWLAND — ADDRESS: HANCOCK, MD.

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08212

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charles Town
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H (Last) NEWMAN

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 14 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Charles Town W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Newman

14. MOTHER'S MAIDEN NAME: Bettie Colston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Ann V. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 2 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the prostate — 9 mo. +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to Aug. 29, 1949, that I last saw the deceased alive on Aug. 28, 1949, and that death occurred at 12:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

E. N. Tilen M.D. — Washington County Hospital Hagerstown — Aug. 31, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 9/1/49 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Charles Town Jefferson Co W. Va.

DATE REC'D BY LOCAL REG.: Aug. 31, 1949 — REGISTRAR'S SIGNATURE: C. Scott Powers — 24. FUNERAL DIRECTOR — ADDRESS: Andrew R. Coffman Hagerstown Maryland

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08213

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena 'Rural'
STREET ADDRESS (If rural, give location) Boonsboro Md. R. 2.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Jean (Last) Renner
4. DATE OF DEATH: (Month) August (Day) 28, (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 18-1947
9. AGE last birthday: 1-7-19 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: at Home.
11. BIRTHPLACE (State or foreign country): Mt. Lena Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LeRoy W. Renner
14. MOTHER'S MAIDEN NAME: Cave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: LeRoy W. Renner Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nutritional anemia — Life.

293 Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 73d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 27, 1949, and that death occurred at 3 A — m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 8/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE: Aug. 30, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Lena Cemetery | LOCATION (City, town, or county) (State): Mt. Lena Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Aug. 30, 1949 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Wm. J. Bast & Sons | ADDRESS: Boonsboro Md.

RECEIVED
SEP 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08214

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 39 North Avenue

3. NAME OF DECEASED (Type or Print): (First) Norine (Middle) Kidder (Last) Rinn
4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-3-1895
9. AGE last birthday: 54 yrs. If under 1 year: Months. Days 29. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Smethport, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred H. Kidder
14. MOTHER'S MAIDEN NAME: Elizabeth Bowes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT: William W. Rinn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 Immediate cause (a) Cerebral Thrombosis — 10 months

Antecedent cause(s)

831 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 5 yrs.

(c) Hypertensive Vascular Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity due to excess of food — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1947, to 8-2, 1949, that I last saw the deceased alive on 8-2, 1949, and that death occurred at 6:55 A. m., from the causes and on the date stated above.

SIGNATURE: Dalton M. Welty (Degree or title) M. D. ADDRESS: Hagerstown, Md. DATE SIGNED: 8/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 8-4-49
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county): Smethport (State): Pa.

DATE REC'D BY LOCAL REG.: Aug. 3, 1949
REGISTRAR'S SIGNATURE: Elsie H. Bowers
24. FUNERAL DIRECTOR: C. M. Suter & Sons, ADDRESS: Hagerstown, Md.

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08215

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY in this place 31 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 821 Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Martin (Last) Rossman

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 3, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chambersburg, Penna.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Hiram Rossman

14. MOTHER'S MAIDEN NAME: Julia Burkholder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No. 214-09-6490

17. INFORMANT: Earl Hawbecker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Myocardial failure, — Interval between onset and death: Several hours

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease. — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial thrombosis both legs causing gangrene Left. Right leg amputated above knee.

19a. DATE OF OPERATION: Aug. 1, 1949

19b. MAJOR FINDINGS OF OPERATION: Gangrene right foot due to thrombosis of artery

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1949 to Aug. 8, 1949, that I last saw the deceased alive on Aug. 8, 1949 and that death occurred at 10:44 P. m., from the causes and on the date stated above.

SIGNATURE R. A. Bird (Degree or title) M. D. ADDRESS Hagerstown, Maryland. DATE SIGNED Aug. 10, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-11-49 — NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery — LOCATION (City, town, or county) (State) Chambersburg, Penna.

DATE REC'D BY LOCAL REG. Aug 11 1949 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS Hagerstown

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08216

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro | LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rouzerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Elizabeth (Last) Rowe
4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 23. 1861
9. AGE last birthday: 87-11-16 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rouzerville Franklin Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abraham Flenner
14. MOTHER'S MAIDEN NAME: Elizabeth Riley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Mrs. W. E. Null Waynesboro Pa. R. 4.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — Interval between onset and death: 3 Days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1949, to August 9, 1949, that I last saw the deceased alive on August 9, 1949, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE: John H. Bast | (Degree or title) M. D. | ADDRESS Boonsboro, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 12. 1949 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): New Waynesboro Pa.

DATE REC'D BY LOCAL REG: August 12. 1949 | REGISTRAR'S SIGNATURE: John H. Bast | 24. FUNERAL DIRECTOR: Walter G. Grove | ADDRESS: Waynesboro Pa.

VS. A15

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AUG 13 1949
BUREAU V. S.

Evidence for addtion of 18b shown on:

08217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 122 SEP 23 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 239 East Baltimore St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Arthur	Schilling	8	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 24, 1949	19 yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Texas	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Fayman Schilling Jr.	Constance H. Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		John A. Schilling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Marasmus	4 wks
773.0 158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) underlying cause unknown (9/23/49 akc.)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/7/49, 19....., to 8/9/49, 19....., that I last saw the deceased alive on 8/9/49, 19....., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Jones	M. D.	Williamsport, Md.	8/9/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-10-49	Rest Haven Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 10. 1949	Chas. H. Bowers	F.W. Kraiss	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08218

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Lappans; LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lappans, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Lappans
STREET ADDRESS (If rural, give location) Near Lappans, Maryland

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Thomas (Last) Sensenbaugh

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 30, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 4, Days 16, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Fredrick County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Sensenbaugh

14. MOTHER'S MAIDEN NAME: Amanda Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John Sensenbaugh 1930 Virginia Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 Immediate cause (a) Intestinal Obstruction — Interval between onset and death: 1 week

52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of bladder, — 18 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1948, to Aug 16, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at 2 40 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 8/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8/18/49 NAME OF CEMETERY OR CREMATORY: Manor Cemetery LOCATION (City, town, or county) (State): Near Tilghmanton, Md.

DATE REC'D BY LOCAL REG.: Aug-17-49 REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Edith V. Leaf ; ADDRESS: Williamsport, Md.

VS. A15

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AUG 24 1949
BUREAU V. S.

08219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Washington

City or town: Wilson Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Gate Way Nursing Home

How long in hospital or institution? 1 year 3 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa County: Franklin

City or town: RD # 3
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Greencastle Pa
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: HATTIE SHOUP

3. (b) Social Security Number: none

4. Sex: F

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 29, 1875

8. AGE: Years 74 Months 6 Days 11 If less than one day ... hrs. ... min.

9. Birthplace: Penna
(Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business: Home

FATHER
12. Name: John Shoup
13. Birthplace: Pa

MOTHER
14. Maiden name: Leah Etter
15. Birthplace: Pa

16. Informant: Charles Shoup
Address: Greencastle Pa

17. B (Burial, cremation, or removal. Which?) Date thereof: Aug 12 - 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: near Greencastle

18. Funeral director: A.E. Minnich
Address: Greencastle Pa

19. Aug 11 1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/10 1949 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1 1939 to 8/11 1949 and that I last saw her alive on 8/10 1949

Immediate cause of death: Arteriosclerosis - generalized — DURATION: 15 yrs.

Due to:

Due to:

Other conditions: 450.0 97 (Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: Greencastle, Pa. Date signed: 8/11/49

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

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SEP 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08220

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghmanton
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghmanton
STREET ADDRESS (If rural, give location) Boonsboro Md. R.1.

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) William (Last) Smith
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 20 - 1878	71 - 0 - 7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General Work
11. BIRTHPLACE (State or foreign country): Tilghmanton Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clilliam Smith
14. MOTHER'S MAIDEN NAME: Sarah Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Maude Smith Boonsboro Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
177	Immediate cause	(a) Carcinoma of the prostate	1 yrs.
	Antecedent cause(s)		
51b	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma 5 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug. 27, 1949, that I last saw the deceased alive on Aug. 23, 1949 and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harvey Akers M.D. Shepherdstown W. Va Aug 29/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30. 1949	Manor Cemetery	New Tilghmanton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 29. 1949	John H. Bast	Chas. J. Bast & Sons	Boonsboro Md.

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SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08221

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 7 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alvey (Middle) Garfield (Last) Swope

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: May 6-81

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Landis Tool Co.

11. BIRTHPLACE (State or foreign country): Garfield Ford Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dyson Swope

14. MOTHER'S MAIDEN NAME: Mary Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 173-03-0368

17. INFORMANT AND ADDRESS: Mrs. Bessie Swope Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Degeneration — 6 hrs

433.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Auricular Fibrillation — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1946, to August 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 8.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS D.S.T. DATE SIGNED

Robert J. Baylor Jr M.D. Waynesboro Pa 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8/16/49

NAME OF CEMETERY OR CREMATORY: Garfield

LOCATION (City, town, or county) (State): Garfield Md.

DATE REC'D BY LOCAL REG.: Aug 15-49

REGISTRAR'S SIGNATURE: Geo. W. Ferguson

24. FUNERAL DIRECTOR: Walter Y. Grove ADDRESS: Waynesboro Pa.

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BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

08222

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
MARYLAND
LENGTH OF STAY (in this place) 5 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Hancock

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) Rogers Heights, Route 1, Hancock

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Truax

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-28-69

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Truax

14. MOTHER'S MAIDEN NAME: Martha Steckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Claude Truax (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) CARCINOMA OF PROSTATE GLAND

51 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: DATE OF DIAGNOSIS 9/21/46

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 1/20/47

19b. MAJOR FINDINGS OF OPERATION: BIOPSY OF TISSUE SHOWED CARCINOMA OF PROSTATE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21/46, 19..., to 8/21/49, 19..., that I last saw the deceased alive on MAR. 7, 19 49, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Archie Robert Cohen M.D. CLEAR SPRING, MARYLAND AUG. 21. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-24-49

NAME OF CEMETERY ~~OR CREMATORY~~: Pleasant Grove Christian

LOCATION (City, town, or county) (State): Fulton Co., Penna.

DATE REC'D BY LOCAL REG. 8-22 49

REGISTRAR'S SIGNATURE: J. H. Keller

24. FUNERAL DIRECTOR: Charles R. Bast

ADDRESS: Hancock, Md.

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SEP 5 1949
BUREAU V. S.

08223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Ditto.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 6Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 West Side Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 67 West Side Ave.

3. NAME OF DECEASED (Type or Print) (First) KENNETH (Middle) MORRISON (Last) WILLIAMS

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 19 1910
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry F Williams
14. MOTHER'S MAIDEN NAME Virgie Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO. 214-09 - 6688
17. INFORMANT Viola Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Disease	4 month
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General [illegible] [illegible]	3 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE D. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 8/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 21/49
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug. 20 1949
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K Coffman, Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08224

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Ulster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston
STREET ADDRESS (If rural give location) 257 Washington Ave.

3. NAME OF DECEASED (Type or Print): (First) Norris (Middle) Charles (Last) Wilson

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 9, 1907

9. AGE last birthday: 42 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treatment-plant disease

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Dept-Agr.

11. BIRTHPLACE (State or foreign country): Cleveland Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Wilson

14. MOTHER'S MAIDEN NAME: Ida B. Bradden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT: Charles Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411 Immediate cause (a) Rheumatic Heart Disease & Aortic Insufficiency — Interval between onset and death: 30 years

92a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Rheumatic Fever — 30 years ago

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1949, to 8-18, 1949, that I last saw the deceased alive on 8-18, 1949, and that death occurred at 8:05p m., from the causes and on the date stated above.

SIGNATURE: Dalton M. Welty | (Degree or title) M. D. | ADDRESS Hagerstown, Maryland | DATE SIGNED 8/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-21-49 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown | (State) Md.

DATE REC'D BY LOCAL REG. Aug. 20. 1949 | REGISTRAR'S SIGNATURE Chas. H. Brewer | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 23 1949
BUREAU V. S.

08225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 wks

Hospital, institution, or street address where death occurred: Hagerstown Hospital

How long in hospital or institution? 2 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa County: Franklin

City or town: Greencastle
(If outside city or town limits, write RURAL and give nearest town)

Street No.: RD #2
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: LEWIS B. ZIEGLER

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 4. 1868

8. AGE: Years: 80 Months: 11 Days: 11 If less than one day: hrs. min.

9. Birthplace: Leitersburg Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: Cyrus J. Ziegler
13. Birthplace: Md.

MOTHER
14. Maiden name: Rebecca Hann
15. Birthplace: Md.

16. Informant: James L. Hinds
Address: Greencastle RD #2

17. B (Burial, cremation, or removal. Which?) Date thereof: Aug 17/49 (month) (day) (year)

Cemetery or crematory: Leitersburg Cemetery

Location: Leitersburg Md.

18. Funeral director: A. E. Minnich
Address: Greencastle Pa

19. Aug. 16. 1949 (Date rec'd by registrar) Chas H Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 15 1949, at 6 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1 1941, to 8/15 1949 and that I last saw him alive on 8/15 1949

Immediate cause of death: Prostatic resection complicated by pulmonary atelectasis

DURATION

Due to:

Due to: 610
137a

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Benign prostatic hypertrophy

Date of op. 8/9/49

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: McBrew M. D. ~~or other~~

Address: Greencastle Pa Date signed: 8/16/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45

M

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RECEIVED
AUG 18 1949
BUREAU V. S.